

**OFFICE OF THE INSPECTOR GENERAL FOR MENTAL HEALTH,
MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES**

**Hiram W. Davis Medical Center
Petersburg, Virginia**

**James W. Stewart, III
Inspector General**

OIG Report #120-05

EXECUTIVE SUMMARY

The Office of the Inspector General conducted a snapshot inspection of the Hiram W. Davis Medical Center (HWDMC) on June 27, 2005. This inspection focused only on the direct care provided by the medical center and did not include the state pharmacy that is operated by HWDMC. Interviews were conducted with 12 members of the administrative, clinical and direct care staff. A tour of the facility was completed. Documentation reviews included 4 consumer medical records and selected policies and procedures.

Staffing ratios were 1:4 on the skilled and intermediate care units and 1:3 on the medical/surgical care unit. There was at least one registered nurse (RN) for each unit. Staff was conversant regarding the facility's mission and values. The majority of staff interviewed reported feeling valued by the leadership of the facility and indicated that they do have opportunities to participate in decision-making and planning activities. The environment of care was clean and well maintained. Staff described a number of mechanisms used by the facility to assure that the residents are safe and protected.

Efforts to assure that each person has the opportunity to engage in appropriate levels of activity in order to maintain and/or improve their current level of functioning were noted through observations, interviews and the review of the clinical records. The OIG has made no new recommendations as a result of this inspection.

Facility: Hiram W. Davis Medical Center

Type of Inspection: Snapshot Inspection / Unannounced

Date of Inspection: June 27, 2005

Areas of Review: Interviews were conducted with administrative, clinical and direct care staff. A tour of the facility was completed. Documentation review included consumer records and selected policies and procedures.

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INTRODUCTION:

HWDMC was established in 1975. Originally it functioned as a general medical and surgical hospital for the residents at Southside Virginia Training Center (SVTC) and Central State Hospital (CSH). Service provision shifted in the 1990s when the facility's mission was changed to provide extended medical care services to consumers who are stable enough to be discharged from an acute medical hospital but still have needs that are too intensive to be returned to regular care on either the psychiatric or training center residential units.

The facility continues to serve primarily the intermediate medical care needs of SVTC and CSH, however, admissions are accepted from other state facilities across the Commonwealth. Many of the consumers served by the facility require skilled nursing care. The facility makes every effort to return consumers to their "home" facilities as soon as possible.

There were 151 admissions to HWDMC during FY 2005. The majority of the admissions were from SVTC and CSH. Of these admissions, all but 4 were returned to their originating facilities.

FACILITY ADMISSIONS FY 2005

Source of Admission	Number of Admissions
SVTC	75
CSH	60
PGH	7
NVMHI	5
WSH	2
SEVTC	1
SVMHI	1
TOTAL	151

According to information provided by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) Central Office, the average year to date (YTD) daily census at the facility during FY05 as calculated during the period from July 2004 through May 2005 was 67. The census on the date of the inspection was 67 residents.

HWDMC provides for three levels of care. These include 10 beds designated for medical/surgical care; 54 beds designated for skilled nursing care, and 10 beds designated for intermediate care. According to information provided by DMHMRSAS Central Office the costs per bed day and the average census YTD for the facility from July 2004 through May 2005 were as follows:

**COSTS PER PATIENT DAY AND AVERAGE DAILY CENSUS
FROM JULY 2004 THROUGH MAY 2005**

Cost Centers	Cost PPDYTD	Average Daily Census
Med/Surgical	\$815.49	3
Skilled Nursing	\$382.30	57
Intermediate	\$376.78	7

FACILITY MANAGEMENT:

HWDMC's vision statement is as follows:

HWDMC continually strives to improve the quality of life of mentally disabled Virginians in need, by expanding our comprehensive healthcare services and providing state-of-the art medications.

The facility mission statement is:

To provide comprehensive healthcare for Virginians with multiple mental and physical disabilities and deliver psychiatric medications to the Commonwealth's most vulnerable mentally ill.

Interviews revealed that staff on all levels were conversant with the facility's mission and values. The mission, goals, and values are communicated to staff in a variety of ways. This occurs during the time of hiring and on an ongoing basis in staff meetings and other training activities. Staff reported that the values used to guide the work performed at the facility are as follows:

- Treatment of the patients and co-workers with dignity and respect
- The provision of quality care in a professional and compassionate manner
- A focus on patient safety and confidentiality
- Fair and equitable treatment of the employees by facility management

Staff, in general, reported feeling valued by both facility leadership and their immediate supervisors. It was stated that both levels of leadership provide appropriate praise when deserved and listen to and value staff opinions. On the whole, nursing staff reported having contact with the director of nursing (DON) and the medical director daily and with the Facility Director at least several times each week. Staff reported having a number of opportunities for participating in decision-making and planning activities within the facility. These included:

- During staff meetings and other meetings with the DON and the facility director
- Through active participation on committees
- Through the facility suggestion box

All of the staff interviewed described comfort in being able to openly communicate with their supervisor, the DON and the facility director.

STAFFING:

Historically, HWDMC has not experienced the same difficulties recruiting and retaining qualified staff as in many of the other state-operated facilities. However, during the past year, the hiring of nursing personnel has become more challenging because of the more attractive salary and benefit packages being offered by other organizations in the community. As a result, the facility uses contract nurses to assure adequate coverage and decrease reliance on overtime. A contract nurse was providing coverage on the date of the inspection.

The administration observed that there is a solid core of staff that is very dedicated to their work with severely impaired individuals. Due to the longevity of this core group, they understand the needs of residents very well. As a result, these staff members are a valuable source of information when residents' conditions change. The average years of employment for the 12 staff that were interviewed was 14 years.

Staffing patterns on the day of the inspection for registered nurses (RN), licensed practical nurses (LPN) and certified nursing assistants (CNA) were as follows:

DAY SHIFT DIRECT CARE STAFFING PATTERNS JUNE 27, 2005

UNIT	CENSUS	NUMBER ON 1:1	RN	LPN	CNA
2 NORTH	6	1 at 1:1	1	0	2
2 SOUTH	20	3 at 2:1*	1	2	2
3 NORTH	21	1 at 1:1, 1 at 2:1*	2	2	2
3 SOUTH	20	1 at 1:1**	1	1	3

* Staff from CSH provided the intensive supervision.

** Staff from SVTC provided the intensive supervision.

Direct care associates at HWDMC are required to be Certified Nursing Assistants. This is not the case at most other state operated facilities.

The OIG was informed that staff from HWDMC provides relief for the staff from the other facilities on the Southside Campus during breaks including lunch. None of the direct care staff were doing overtime during the day shift when the inspection occurred.

ENVIRONMENT OF CARE:

During the inspection, the OIG conducted a tour of the environment of care. Overall, the facility was clean and well maintained. The OIG was informed that housekeeping staff cleans each unit as many as three times daily, depending upon the need.

The four residential units are located on two floors and are similar in layout. The residential units and the elevator are secure, requiring a key for access. There is a nursing station with observation windows between two units. This enclosed area has a door on each side for easy egress to the units. The units have communal hospital style rooms that can house up to four persons. Each bedroom is adequately furnished and provides enough space to accommodate the needed adaptive equipment. There is a large day room on each unit that has a television and radio. Each dayroom was decorated in an effort to make this hospital-like setting seem less institutional. Seasonal decorations were noted.

There is a laundry room and a toileting/shower room on each unit. The toileting/shower rooms were clean and odor free. Because of space limitations, the toileting/shower rooms were being used for overflow storage of wheelchairs and other equipment.

All of the staff interviewed were able to identify a number of methods used at the facility to assure that residents are safe and protected. These include: full implementation of HIPAA privacy laws; visitor sign-in and badges; key only access to treatment and residential units; on-going safety inservice training; regular fire drills; education on less restrictive restraint procedures; quality assurance measures designed to improve medical care; the use of adaptive equipment; and adequate staffing patterns.

ACTIVE TREATMENT:

Interviews with administrative, treatment, and direct care staff confirmed that the majority of residents require intensive nursing interventions for basic physical maintenance. Consistent with the mission of the facility, active treatment programs are designed to resolve each person's intermediate healthcare needs. The medical and rehabilitation staff frequently assesses appropriate levels of care for this complex and medically fragile population. Daily morning rounds are conducted. During these rounds, the team of professional staff tours the units as a group discussing the current medical status of each resident. This allows staff involved in care to discuss treatment objectives and interventions and to address any immediate care issues. For example, physical therapy (PT) and occupational therapy (OT) staff observe the positioning of the residents and make timely corrections or recommendations for proper physical management.

Active treatment assessments include a review of the level of medical care necessary in order to maximize each resident's level of functioning. The care provided includes constant individualized physical management to maintain skin integrity and overall hygiene. Restorative programs have been initiated to aid the residents in returning to their previous level of functioning. Since the last inspection, the facility has implemented a dining program designed to assist residents in feeding themselves. Staff has been trained to assist each resident in proper use of the prescribed adaptive equipment.

During the inspection, it was noted that the majority of residents were in their beds receiving specialized services provided by both nursing and rehabilitative staff. With the increased use of specialized wheelchairs, a greater number of residents are able to participate in on-unit and off-grounds activities.

Performance improvement activities have been initiated to assure best practice in the care and treatment of the residents in the areas of fall prevention, wound care, medication administration, physical management and restorative programs.

RECOMMENDATION RESULTING FROM THIS INSPECTION:

The OIG has no facility specific recommendations for Hiram W. Davis Medical Center as a result of this inspection.

FOLLOW-UP ON THE ACTIVE FINDING AND RECOMMENDATION FROM OIG REPORT #65-02 (July 2002):

OIG staff reviewed the facility's progress in addressing the active finding from OIG Report #65-02.

Finding 3.1 - Active treatment is challenging for this complex and medically fragile population.

Recommendation: Continue efforts to assure that each person has the opportunity to engage in appropriate levels of activity in order to maintain and/or improve their current level of functioning.

OIG review (June 2005): Based on the observations noted above, it is determined that the facility has satisfied this recommendation. This finding is no longer active.